

## MAST-G (Michigan Alcoholism Screening Test--Geriatric Version)

**Directions:** The following is a list of questions about your past and present drinking habits. Please answer yes or no to each question by marking the line next to the question. When you are finished answering the questions, please add up how many "yes" responses you checked and put that number in the space provided at the end.

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| 1.  | After drinking have you ever noticed an increase in your heart rate or beating in your chest?                | _____ Yes | _____ No |
| 2.  | When talking to others, do you ever underestimate how much you actually drank?                               | _____ Yes | _____ No |
| 3.  | Does alcohol make you sleepy so that you often fall asleep in your chair?                                    | _____ Yes | _____ No |
| 4.  | After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry? | _____ Yes | _____ No |
| 5.  | Does having a few drinks help you decrease your shakiness or tremors?  | _____ Yes | _____ No |
| 6.  | Does alcohol sometimes make it hard for you to remember parts of the day or night?                           | _____ Yes | _____ No |
| 7.  | Do you have rules for yourself that you won't drink before a certain time of the day?                        | _____ Yes | _____ No |
| 8.  | Have you lost interest in hobbies or activities you used to enjoy?   | _____ Yes | _____ No |
| 9.  | When you wake up in the morning, do you ever have trouble remembering part of the night before?              | _____ Yes | _____ No |
| 10. | Does having a drink help you sleep?  | _____ Yes | _____ No |
| 11. | Do you hide your alcohol bottles from family members?  | _____ Yes | _____ No |
| 12. | After a social gathering, have you ever felt embarrassed because you drank too much?                         | _____ Yes | _____ No |

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| 13. Have you ever been concerned that drinking might be harmful to your health?                    | _____ Yes | _____ No |
| 14. Do you like to end an evening with a night cap?  | _____ Yes | _____ No |
| 15. Did you find your drinking increased after someone close to you died?                          | _____ Yes | _____ No |
| 16. In general, would you prefer to have a few drinks at home rather than go out to social events? | _____ Yes | _____ No |
| 17. Are you drinking more now than in the past?  | _____ Yes | _____ No |
| 18. Do you usually take a drink to relax or calm your nerves?                                      | _____ Yes | _____ No |
| 19. Do you drink to take your mind off your problems?  | _____ Yes | _____ No |
| 20. Have you ever increased your drinking after experiencing a loss in your life?                  | _____ Yes | _____ No |
| 21. Do you sometimes drive when you have had too much to drink?                                    | _____ Yes | _____ No |
| 22. Has a doctor or nurse ever said they were worried or concerned about your drinking?            | _____ Yes | _____ No |
| 23. Have you ever made rules to manage your drinking?  | _____ Yes | _____ No |
| 24. When you feel lonely, does having a drink help?  | _____ Yes | _____ No |